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**FACSIMILE TRANSMISSION COVER SHEET**

Date: September 7, 2010

To: United States Patent and Trademark Office  
Examiner: Nguyen, Joseph H.; Art Unit: 2815

Fax: (571) 273-8300

Re: **Application Serial No.: 10/643,461**  
Filing Date: 8/18/2003; First-Named Inventor: Xiang  
Attorney Docket No.: 0180144

From: Farjami & Farjami LLP

Number of pages including the cover sheet: 13

Message:

Enclosed please find the Response to Non-Final Office Action dated April 6, 2010.

Payment for the Second Month Extension Fee in the Amount of \$490.00 is hereby enclosed on Form PTO-2038.

Thank you.

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Attorney Docket No.: 0180144

### AMENDMENT COVER SHEET

IN RE APPLICATION OF: Xiang, et al.

SERIAL NO.: 10/643,461 FILED: August 18, 2003

FOR: Field Effect Transistor Having Increased Carrier Mobility

HONORABLE COMMISSIONER FOR PATENTS  
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

- ☐ No additional fee is required.
- ☒ The fee has been calculated as shown below:

☒ EXTENSION FEE

	RATE Non-Small Entity	RATE Small-Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	130.00	65.00	\$
SECOND MONTH AFTER TIME PERIOD SET	490.00	245.00	\$490.00
THIRD MONTH AFTER TIME PERIOD SET	1,110.00	555.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,730.00	865.00	\$

☒ TOTAL EXTENSION FEE \$ 490.00

☐ FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1 Number of Claims after Amendment	Column 2 Number Previously Paid for	Column 3 Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS		MINUS **20	* = 0	x 52	x 26	\$
INDEPENDENT		MINUS ***3	* = 0	x 220	x 110	\$
First presentation of multiple dependent claim				+ 390	+ 195	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00


- \* If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.
- \*\* If the number of Total Claims previously paid for is less than 20, write "20" in this space.
- \*\*\* If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

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Attorney Docket No.: 0180144

- ☐ Total fee for Supplemental Information Disclosure Statement \$
- ☒ Enclosed is the total fee of \$ 490.00 (Payment by Credit Card, Form PTO-2038 Enclosed).
- ☐ Please charge Deposit Account No. 50-0731 in the amount of \$
- ☒ The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731.

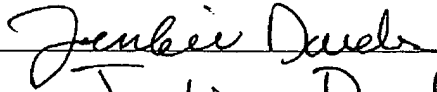
Date: 9/7/10By:   
Michael Farjami, Reg. No. 38,135CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being filed by facsimile transmission to United States Patent and Trademark Office at facsimile number 571-273-8300 on the date stated below. The facsimile transmission report indicated that the facsimile transmission was successful.

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Jennifer Daniels

Name of Person Performing Facsimile Transmission

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CERTIFICATE OF MAILING

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